

# TRIAL BALANCE REPORT

APPROPRIATION	SUBHEAD	PROGRAM ELEMENT/REIMBURSABLE ELEMENT	FROM UIC NO. (AAA OF OB HOLDER)	FOR UIC NO. (OB HOLDER)	TO UIC NO. (AAA OF OB GRANTOR)	FOR UIC NO. (OB GRANTOR)		
ACCOUNT NUMBER AND TITLE  (1)			BALANCES PRIOR MONTH		BALANCES CURRENT MONTH		CHANGES FOR PERIOD	
			DEBIT (2)	CREDIT (3)	DEBIT (4)	CREDIT (5)	DEBIT (6)	CREDIT (7)

CERTIFICATION:

*I certify that the amounts herein reported are in accordance with 31 U.S.C. 200 and prescribed accounting procedures.*

REPORTING FISCAL OFFICER (Signature and rank)

DATE \_\_\_\_\_